

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL  
89-08369

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/		/		51					
2	/		/		/		52					
3	/		/		/		53					
4	2		2		/		54					
5	①		①		/		55					
6	①		①		/		56					
7	①		①		/		57					
8	/		/		/		58					
9	1		1		/		59					
10	2		2		/		60					
11	①		①		/		61					
12	①		①		/		62					
13	①		①		/		63					
14	/		1		/		64					
15	/		/		/		65					
16	/		/		/		66					
17	/		/		/		67					
18	2		2		/		68					
19	2		2		/		69					
20	①		①		/		70					
21	①		①		/		71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2		2		TOTAL IND.					
TOTAL DEP.	23	↓	23	↓	79	↓	TOTAL DEP.					
TOTAL CLAIMS	25		25		21		TOTAL CLAIMS					

BEST AVAILABLE COPY